Implementation Update for the 2012 State Comprehensive HIV Service Plan

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Background: To monitor and evaluate the 2012 Statewide Coordinated Statement of Need (SCSN) and State Comprehensive HIV Service Plan, the Virginia Department of Health (VDH) has implemented a progress review of goals, objectives, and action steps every six months. This review is to ensure that the Plan is a living document guiding the overall direction of the Ryan White Part B program from 2012 to 2015. This update covers the first six months of implementation (July 2012-January 2013) and allows internal and external stakeholders to understand where Virginia is in working towards building a sustainable system of care that effectively addresses the needs of people living with HIV/AIDS (PLWHA) through community collaboration and resource allocation.

Vision statement: To create a system of care in Virginia (VA) that meets the goals of the National HIV/AIDS Strategy (NHAS) by: reducing geographic and demographic disparity in access to services among people living with HIV/AIDS (PLWHA); empowering PLWHA with knowledge toward a better quality of life; enabling grantees and other stewards of HIV/AIDS funding to speak with a coordinated voice; replicating strengths and to share lessons learned across disciplines; and affirming, through the provision of services, the philosophy of treatment as prevention.

Goal One: Provide a system of care that identifies individuals who are unaware of their HIV status, engage these individuals in care and address the challenges associated with the Early Identification of Individuals with HIV/AIDS (EIIHA) and continues to meet the current and emerging needs of PLWHA through the coordinated delivery of quality care and support programs.

Objective	Proposed Action for 2012	Progress undertaken, July 2012 - January 2013
I. Include individuals from multicultural and multidisciplinary backgrounds and settings to plan and implement interventions aimed at identifying HIV-positive individuals who are unaware of their status.	Engage and establish a multidisciplinary Planning Group and Collaborative for the Special Projects of National Significance (SPNS) Systems Linkages and Access to Care grant from various areas of the HIV care system. SPNS activities will begin in the Central and Southwest regions of VA.	The SPNS Planning Group was formed in 2012 and continues to meet every two weeks to discuss implementation of SPNS strategies. The SPNS Learning Collaborative was also formed in 2012 and met twice in 2012. Learning Collaborative meetings are large stakeholder gatherings designed to advance participants understanding of the role and application of SPNS strategies in targeted regions of Virginia. The third meeting of the Collaborative will take place in April 2013.

II. Reduce duplication of effort between various programs and funding streams to maximize resources and increase numbers of PLWHA who are aware of their status.	Collaborate with community partners and implement a widespread information campaign to raise awareness regarding HIV/AIDS testing and linkages with an emphasis for the campaign on key dates.	Care and Prevention in the United States (CAPUS) grant award to the Virginia Department of Health (VDH) furthers this action step through an expanded social marketing campaign.
	Increase partner elicitation and testing in the Central and Southwest regions at Infectious Disease clinics.	Patient navigators funded through the SPNS Initiative will be trained to offer testing to interested parties beginning in early 2013. Partner elicitation is still a function of Disease Intervention Specialists (DIS). Navigators will refer to DIS for partner elicitation as required.
	Utilize Care Coordinators (CC) who will establish connection between Department of Corrections (DOC) discharge planners, the inmate, and the medical care facility/Patient Navigator. Conduct monthly case reviews for patients that fall out-of-care. Collaborate with existing community organizations to locate out-of-care patients. Establish referral resource to be utilized in the field.	Care Coordination strategy has finalized the consent form and piloting its use will begin in early 2013. Care Coordination case review meetings occur regularly and collaborations with Comprehensive HIV/AIDS Resources and Linkages for Inmates (CHARLI) are increasing. Plan Do Study Act (PDSA) cycle of HIV/STD Resource and Referral Database is being released in January 2013.

	Collect linkages data and analyze for baseline outcome data.	Baseline linkage and retention data was presented to the SPNS Learning Collaborative at Learning Session 2 in October 2012 and to Part B contractors in February 2013. Development of data collection tools will continue in 2013 to include additional testing data.
III. Reduce health disparities among populations disproportionately affected by HIV (Blacks, Latino/Latina, MSM and IDU), through ensuring the availability of culturally competent counseling, testing and referral services.	Increase collaboration with HIV Prevention Services (HPS) to fill any identified gaps and/or needed expansion of Early Intervention Services (EIS) programs provided by HPS. Monitor increases in both positive test results in different populations and increased referrals to ADAP as a result of identified newly-diagnosed HIV cases and expanded case definitions.	Health Department and Expanded Testing are all under HPS now at VDH which standardizes communication and quality assurance guidelines across initiatives. A community based organization in the Richmond area has been trained on Rapid Rapid protocol. CAPUS also has a goal to ensure that HIV services for racial and ethnic minorities are linguistically and culturally competent.
	Analyze new prevention directives from the Centers for Disease Control (CDC) and potential impacts to care service delivery. Make programmatic recommendations and/or updates as needed.	Patient navigation service availability will expand to additional areas of the state through CAPUS. Collaboration between HCS and HPS continues to ensure that services are not duplicated.

IV. Increase the percentage of newly-diagnosed PLWHA who engage in care within three months post-diagnosis.	Utilize Planning Group of SPNS Systems Linkages grant to implement strategies across the spectrum of care beginning in the Central and Southwest regions.	SPNS strategies began pilot phase of project in late 2012/January 2013. Strategy progress is regularly reported to the SPNS Planning Group and to individual strategy work groups. As pilots are implemented, small changes are made when needed to improve the effectiveness of the strategy.
V. Increase retention rate in HIV care after initiation.	Review current literature on measuring retention and/or engagement in HIV Care.	Initial literature review is completed and informed linkage and retention baseline data collection efforts. As new literature is available, relevant information will be shared with Virginia Lost to Care Committee.
VI. Improve data sharing across prevention, surveillance, and care units at the Virginia Department of Health (VDH) to gather more up-to-date and accurate information on PLWHA.	Facilitate and establish data sharing across prevention, surveillance, and care units to gather more up-to-date and accurate information on HIV/AIDS patients. Revision of Counseling, Testing, and Referral (CTR) Form to include more data on linkage to services for HIV negative persons and more data on linkage to medical care for positives.	CTR Form is being updated to increase data collection of linkage to medical care for positives. Options for collecting linkage data on HIV-negative persons are being explored. The VACRS database has been updated to capture information from additional prevention providers. A new surveillance data system, MAVEN, is being implemented during calendar year 2013. All data will be synthesized through this system to increase data matching.
VII. Assess continuing and emerging access to care issues to improve service planning and collaboration	Begin design of statewide Transgender needs assessment.	Relationships with potential community partners, like the Gay Community Center of Richmond, are being established. These venues would be possible sites for survey implementation.

among community partners.	Collaborate with community partners that serve the homeless to compile data on treatment adherence.	Data collection tool to assess treatment adherence is currently under development by HCS.

Goal Two: Ensure that the VA RW Part B program is sustainable and that program direction is aligned with both the NHAS and the Patient Protection and Affordable Care Act (PPACA) to maximize program effectiveness to community stakeholders.		
Objective	**Proposed Action for 2012**	**Progress undertaken, July 2012 - January 2013**
I. Ensure system of care is sustainable, compatible with the NHAS, the PPACA, and addresses PLWHA needs.	Implement enrollment of eligible AIDS Drug Assistance Program (ADAP) clients in the Pre-Existing Condition Insurance Plan (PCIP). Continue to offer RWPB services to clients not eligible for PCIP and to enrolled PCIP clients that need wrap-around services.	PCIP applications began being distributed in October 2012 to ADAP clients. Clients should refrain from utilizing insurance until both the VDH and PCIP acceptance packets are received. Wrap-around services continue to be available for newly insured clients and service delivery continues as normal for clients that are uninsured.

	Monitor the PPACA-related initiatives to evaluate RW Part B capability with health insurance exchanges.	VDH continues to monitor implementation of the PPACA for its potential impact to RW Part B in Virginia. Virginia has elected to participate in the Federally-run health insurance exchanges and, as of this writing, has not made a final decision related to Medicaid expansion. Forthcoming information related to these two items is expected in 2013 and will assist VDH with the ongoing assessment of the potential impact of the PPACA on RW Part B.
II. Be a voice in increasing internal and external stakeholder knowledge of the PPACA and potential impacts to RW service delivery.	Develop and implement statewide educational campaigns on the PPACA and changes to RW Part B in VA. Campaign would have three components: general information, PLWHA specific, and provider specific.	Educational campaign has continued as PCIP is beginning to unroll for eligible Virginia ADAP clients. Webinars and regional trainings continued in late 2012 to educate providers and community partners on the PCIP. Client focused events were also conducted in the Eastern Region to familiarize clients with the application process. Client questions are also being received through the toll-free Medication Access hotline at VDH.
	Assess effectiveness of educational campaigns and evaluate feedback to continuously assess potential barriers to both PLWHA and health care professionals. Share findings and subsequent programmatic updates.	Findings from 2012 public hearings and town hall meetings indicate that continued client and provider education on RW Part B programmatic changes and the PPACA would be beneficial. Evaluation of the current methodologies being utilized is occurring. Campaign will continue with revisions as needed.

III. Align RW Part B programming to work with increasing numbers of insured HIV-positive individuals and to continue to serve the needs of the uninsured PLWHA who fall outside of emerging systems.	Work with contractors and community partners to ensure program offerings match with having increased numbers of insured clients and for those who are still uninsured.	PCIP implementation for RW Part B clients was delayed until 2013. Programmatic needs related to increased numbers of insured clients and providing for those unable to qualify for insurance will be gauged once plan details for the federal health insurance exchanges are available.
	Conduct focus groups and/or listening sessions to understand the changing and unchanging needs of clients and service providers to assess how RW Part B can provide or facilitate assistance.	Three public hearings were conducted in December 2012 to obtain comment and/or questions related to Part B funded programming. Two additional listening sessions were held in January 2013 for the same purpose. Primary concerns voiced at these events included the continued impact of PPACA-related initiatives would have on the system of care and the need to expand venues utilized by Part B to increase PLWHA input into service delivery planning. In response, education campaign is being evaluated and will continue with revisions, as needed. A statewide assessment of client/consumer advisory boards (CABs) is being implemented for additional sources of input. During the Health Resources and Services Administration (HRSA) site visit in 2012, two focus groups (specific for PLWHA and providers) were convened for direct feedback.
	Collect data on services utilized by clients enrolled in PCIP program.	PCIP coverage is becoming effective as of February 2013 for the first clients enrolled. Service utilization will be assessed as data is available.

IV. Ensure HIV health services provided to PLWHA under RW Part B meet or exceed the most recent Public Health Service guidelines.	Update Quality Management Plan. Disseminate quality expectations for providers and services.	Quality Management Plan is scheduled to be updated in 2013. Baseline data is being collected for implementation of oral health performance measures. VACRS database is being updated to capture oral health performance measures. Focus groups with providers are being conducted to assess best practices for oral health.

Goal Three: Include community input into the development, provision, planning, and dissemination of equitable services for at-risk individuals and PLWHA.		
Objective	**Proposed Action for 2012**	**Progress undertaken, July 2012 - January 2013**
I. Increase and strengthen opportunities for direct PLWHA input into the delivery of services.	Utilize regular regional focus groups and other more personalized strategies to facilitate client input and report results to all participants.	Town hall meetings were utilized in two of the three areas where the 2012 public hearings were held to increase the ability of clients to provide feedback on RW programming. Additional venues for soliciting feedback, such as local client/consumer advisory boards, have been identified and will be accessed during 2013.
	Recruit PLWHA to co-facilitate client focused events on important programmatic updates.	Co-facilitation has yet to occur but PLWHA are being recruited to assist in efforts to find additional venues to provide programmatic updates and in the design of educational efforts.

II. Increase and expand opportunities for stakeholders to participate in care planning and provide input on implementation barriers.	Establish small battery of core needs assessment questions and share amongst RW Part A grantees and RW Part B lead agencies. Encourage use of core questions to make analysis of state need information uniform and more efficient in establishing PLWHA needs. Solicit recommendations from community stakeholders on core questions.	VDH is beginning collaboration with both Part A Needs Assessment committees in 2013 to increase the similarity between data collected through various needs assessments.
	Design tools and methods to collect data from PLWHA reengaged through Linkage to Care activities to assess barriers to care.	Barriers assessment for use by SPNS Patient Navigation strategy is currently under development. Psychosocial assessment is under development for the SPNS Care Coordination strategy to collect additional data on barriers.
III. Identify key community members that could be utilized to assist with recruiting/accessing PLWHA or others affected by HIV for social networking activities to help plan services.	Refine ongoing communication mechanism to provide outcomes of projects to participants and to utilize to identify individuals to participate in planning and implementation of services. Recruit PLWHA to serve on advisory, planning, quality improvement groups.	PLWHA are being recruited to serve in an advisory role to the SPNS initiative and to attend the Virginia Cross-Parts Quality Management Summit in February 2013. Peer Review program utilizes PLWHA to conduct on-site interviews with clients. Community Planning Group (CPG) also includes PLWHA representation and serves as an advisory body to HCS. Community gatekeepers are being recruited to assist with venue selection for public hearings and town hall meetings and to inform strategies on PLWHA education related to the PPACA.

Goal Four: Expand current programmatic infrastructure to meet emerging needs, including preparation for the PPACA, so PLWHA are able to seamlessly access medical care as the health care environment changes.		
Objective	**Proposed Action for 2012**	**Progress undertaken, July 2012 - January 2013**
I. Identify and train new providers to meet the needs of both insured and uninsured PLWHA.	Evaluate in-network/out-of-network providers for PCIP. Inform providers of in-network application process via educational campaign. Refer providers for AIDS Education Training Center assistance regarding HIV care.	Evaluation of provider and pharmacy network is regularly reassessed for compatibility with existing RW Part B medical providers for covered services. Discussions with RW Part B providers not currently in-network are occurring to recommend possible inclusion. This will continue as the federal health insurance exchanges are developed.
II. Identify and engage emerging and existing resources (Medicaid, Community Health Centers, etc) as PPACA unrolls to maximize accessibility of care for PLWHA.	Attend meeting of the Virginia Community Healthcare Association and offer education and training related to the CHC survey. Invite a state Medicaid representative to RW Part B planning activities.	HCS staff is exploring partnerships with community health center, telehealth, and dental safety net providers to potentially expand service access in underserved areas of the state. Plans to include Medicaid representatives in Part B planning activities continue in 2013.
III. Improve data sharing across grantees and community organizations to gather more up-to-date and accurate information on PLWHA, including tracking similar data as more PLWHA are insured.	Establish data sharing agreement with Veterans Administration, Medicaid, and Medicare to improve service utilization data on PLWHA.	Initial meeting of Maryland, Virginia, and the District of Columbia to share service and epidemiological data across jurisdictions occurred in January 2013. The availability of Medicaid data to HCS has increased to quarterly reporting. A data sharing agreement with Medicare is being explored by HCS. Discussions regarding a data sharing agreement with the Veterans Administration continue but have yet to be finalized.